



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Albert K. Chin
APPLICATION NO.: 10/696,381
FILING DATE: October 28, 2003
TITLE: Longitudinal Dilator
EXAMINER: Not Yet Assigned
GROUP ART UNIT: 3731
ATTY. DKT. NO.: 80121-08565

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Dated: 11/15/05 By: A.C. Smith
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS
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STATUS REQUEST

SIR:

Our file for the subject application reveals that there has been no action on this application since the mailing of the Updated Filing Receipt on October 25, 2004.

PATENT


Please inform the undersigned, at the below stated address, of the status of
this application.

Respectfully submitted,
ALBERT K. CHIN

Dated: 11/15/05

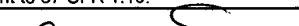
By: a.c. Smith
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 <p style="text-align: center;">TRANSMITTAL FORM</p> <p style="text-align: center;"><i>(to be used for all correspondence during pendency of filed application)</i></p>		Application Number	10/696,381
		Filing Date	October 28, 2003
		First Named Inventor	Albert K. Chin
		Group Art Unit Number	3731
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	80121-08565

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>A.C. Smith</i>		
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated:	11/15/05

CERTIFICATE OF MAILING			
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Typed or Printed Name:		Albert C. Smith	Dated: 11/15/05
Express Mail Mailing Number (optional):			